GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF EMPLOYMENT SERVICES

## MARION BARRY YOUTH LEADERSHIP INSTITUTE



## 2018 - 2019 SCHOOL YEAR PROGRAM (SYP) PARTICIPANT APPLICATION

Applicants for the Marion Barry Youth Leadership Institute (MBYLI) must: be a resident of the District of Columbia; 14 to 19 years of age. For information about MBYLI, call (202) 698-4794 or email at mbyli@dc.gov.

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ome Address				Apt.#	
				Ward	
	(City)	(State)	(Zip)		
ıst 4 SSN	Participant Em	ail Address			
rth Date	Age G	Sender: 🗆 Male 🗅 F	emale Race		
elephone (Home)	Telephone (Cell)				
ame of School			Grade Fal	12018	
arent/Guardian's Name _			_ Relationship		
elephone (Home)	Telephone (Cell) _	Pa	rent's Email Address _		
ddress				Apt.#	
				Ward	
	(City)	(State)	(Zip)		
case of emergency, who	om should we contact?				
arent/Guardian's Name _			_ Relationship		
ddress			Telephone No		
<del></del>	(City)		(State)	(Zip)	





at are your reasons for applyi	ing to MBYLI?			
ow has the Marion Barry Youth	Leadership Institute affec	ted your lite?		
ill you participate in any extrac	curricular after school activ	vities (sports, clu	ıbs, or other progra	ams)? 🛘 Yes 🗬 No
		·		ams)? 🗆 Yes 🕒 No
yes, please list and provide the	names of the activities/pr	ograms and dat		
	names of the activities/pr	·		ams)? 🗖 Yes 🗖 No Times:
yes, please list and provide the	e names of the activities/pror Program:	ograms and dat		
yes, please list and provide the  Extracurricular Activity	e names of the activities/pror Program:	ograms and dat	es and times:	Times:
yes, please list and provide the  Extracurricular Activity	e names of the activities/pr or Program:	ograms and dat	es and times:	Times:
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	e names of the activities/prore or Program:	Dates:	es and times:	Times:
yes, please list and provide the  Extracurricular Activity	e names of the activities/prore program:	Dates:	es and times:	Times:
yes, please list and provide the  Extracurricular Activity	e names of the activities/prore or Program:  to Saturday events?	Dates:	es and times:  Yes □ No	Times:
yes, please list and provide the  Extracurricular Activity	e names of the activities/property or Program:  to Saturday events?	Dates:	Yes No	Times:
1. Are you able to commit 2. Did you participate in M 3. Have you ever previously	e names of the activities/program:  or Program:  to Saturday events?  IBYLI Summer 2018 compo	Dates:	Yes No Yes No Yes No	Times:
yes, please list and provide the  Extracurricular Activity      1. Are you able to commit  2. Did you participate in M  3. Have you ever previously	e names of the activities/property or Program:  to Saturday events?	Dates:	Yes No Yes No Yes No	Times:
es, please list and provide the  Extracurricular Activity  1. Are you able to commit 2. Did you participate in M 3. Have you ever previously	e names of the activities/program:  or Program:  to Saturday events?  IBYLI Summer 2018 compo	Dates:	Yes No Yes No Yes No	Times:

PERSONAL STATEMENTS: There are no right or wrong responses, so feel free to answer openly and honestly. Each of your

## DEADLINE FOR SUBMISSION OF THIS APPLICATION IS FRIDAY, SEPTEMBER 21, 2018.

This completed application must be received in the Office of Youth Programs by the deadline date and must be given to a MBYLI Staffer and cannot be sent electronically.

The Office of Youth Programs is located at 4058 Minnesota Avenue, NE, Washington, DC 20019.

